

CLAIMS ONLY

SERIAL NO. _____ FILING DATE _____

APPLICANT(S) _____

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
3						
4						
5						
6						
7						
8						
9						
10	1					
11						
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20	1					
21	1					
22	1					
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TOTAL IND.	4					
TOTAL DEP.	10		↓	↓	↓	↓
TOTAL CLAIMS	23					

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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97						
98						
99						
100						
TOTAL IND.			↓	↓	↓	↓
TOTAL DEP.			↓	↓	↓	↓
TOTAL CLAIMS						

BEST AVAILABLE COPY

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS